

GENERAL RELIEF OPPORTUNITIES FOR WORK
VERIFICATION REQUEST FORM

GROW SITE
ADDRESS
DATE
PARTICIPANT NAME
CASE NUMBER

In order to continue in your Self-Initiated Program, you must provide proof of enrollment. You may either mail it or bring it in person by the date/time listed below.

DATE	TIME	LOCATION

If you do not have this information, you may provide a statement from the school/institution (on their letterhead) that you are enrolled, the number of hours, the type of program and the expected date of completion.

If you do not have the requested verification by the above date, your General Relief may be discontinued. The first time you fail to comply, your General Relief will be terminated and you may reapply immediately. The second time you will be ineligible for 30 days. The third and any subsequent time you will be ineligible for 60 days.



I have read the above and understand if I do not provide proof of enrollment, my General Relief may be discontinued.

CLIENT SIGNATURE	DATE		
CASE MANAGER SIGNATURE	FILE NUMBER	PHONE	DATE